should state of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10165
1. PLACE OF DEATH	(22-2)
CORPODITY Doubelle	Registration Dist. No. 116
Village or City Cambridge (II	No St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Charles 03azz	
(a) Residence: No. 7 Advantage of (abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from Off 17 1934 to Off 18 1934
6. DATE OF BIRTH (month, day, end year) ? 1904 work	I last saw h aliva on C. I.F., 193 %; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stetad ebove, atm.
30 ?, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Date of oneet
SAWYER, BDDKKEEPER, etc. 9. Industry or businass In which	Intesting obstructor 10/13/3
work was done, as SILK MILL, SAW MILL, BANK, atc.	(care unaterned)
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceesed lest worked at this occupation (month end year) 11. Total tima (yeers) spent in this occupation	
19 DIPTURE ACT (site of a December 2)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / / / / (Steta or country)	
13. NAME Ramind Bars	
13. NAME Ramind Bars 14. BIRTHPLACE (city or town) Plantly	Neme of operation. Externation. Data of 10/17/12
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME annie Tithront	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME ANNE TORRESTOR	Accidant, suicide, or homicide? Date of injury, 19
(Stata or country)	Whare did injury occur?
17. INFORMANT Charles Bore (Addrass) Delandston 2001.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Plece Sederaliburg Mode Oct. 20, 1934	Neture of injury
19. UNDERTAKER J. D. Branspler Y So. (Addrass) Delangelin Md	24. Wes disease or injury in eny way related to occupation of deceased? Ho
20. FILEO Od. 19, 1934 De Bilbers G. Truking Registrar.	(Signed) John M.D. (Address) Cambridge, M.J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10166
1. PLACE OF DEATH	
County Nov	Registration Dist. No. 110
Village or City Near Hurlock	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stell born at S	monda Camper
(a) Residence: No. Audula (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Stellbarn (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct - 24,1934	I last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the states above at \$230 1/2 m.
Stell Jan Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:
S. Haue, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this securation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spent	
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation corupation occupation	
71 . 11 . 14011	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
7700	
E Am & Kninh	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au opsy?
I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
ma with	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOYAL Hurlock md	Manner of Injury
Place Washington emby Date Oct 24 192	Nature of injury
19. UNDERTAKER Mark Cumper (Address) Huslock mit	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Oct 24, 1934 Chas M. Hastings	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUBEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M S	Every item of infor- IANS should state ment of OCCUPA-
BINDING	ERMANENT RECORD. I EXACTLY. PHYSIC classified. Exact state
ARGIN RESERVED FOR BINDING	DING INK—THIS IS A P. A. AGE should be stated, so that it may be properly uctions on back of certificat
AARG	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRI mation CAUS TION

STATE OF MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		20101
County Doveherler		Registration Dist. Np. // O
Village or City Read Grove		NoSt.,Ward
Length of residence In city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME alla Cale's		
	na.	04 192-3
(a) Residence: ND. (Usual place o	f abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH bown Det. 24, 193 4. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct- 24,	1934	I last saw h elive on 19 death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated ebove, atm,
Still Born -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER		Cate ol onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		
work was done, es SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased last worked at 11. Total tim	ne (years)	
	t in this pation	
12. BIRTHPLACE (city or town) Heeds gran	ve-	Dther Contributory Causes of importance:
(State or country)		
14. BIRTHPLACE (city or town) Thompson	n.	
14. BIRTHPLACE (city or town) Thompson (aur	Name of operation Dete of
(State of country)	-d	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME May Court 16. BIRTHPLACE (city or town) Prediction		23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Read Syrve		Accident, suicide, or homicide? Date of injury19
(State or country) marylund		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Offe Cofeman		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address) Freds Grove MO 18. BURIAL, CREMATION, OR REMOVAL	<u> </u>	
Place Reeds Grove Date Oct	25-1934	Manner of injury
(alle (al)		Nature of injury
19. UNDERTAKER (Address) Reeds (A) over 1/11	et:	24. Was disease or injury in any way related to occupation of deceased?
(cot 9 15 24 Cl. 1) h	at de	(Signed) (Signed) M. D.
20. FILED (127 45 , 19 5 7 Was W	Registrar.	(Address) Amilal (Address)
If more blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	
N. BW	mai	CA	TIC	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10158
1. PLACE OF DEATH	<u> </u>
County Dr. Chietu.	Registration Dist. No.
Village or City Church Church	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred the interpret of institution, give its 17A1912, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / when to	ne
(a) Residence: No. Church Cury(/	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH / O - /9 , 193 3 4 (Yeer)
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of I J V	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 - 19-1934	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, at 5 12 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July- Ora
9. Industry or business In which work was dona, as Sitk MILL, SAW MILL, BANK, etc	130h
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	Jwp,
is promise of the Charles Cary	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Truny Sorper	
14. BIRTHPLACE (city or town)	Name of a second
(Steta or country)	Name of operation Date of Was there an ablonsy?
15. MAIDEN NAME COMME ELLO	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Church Curth Country)	Accident, suicide, or homicida? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Indiana (Address)	Specify whether Injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Church (1) (Date / 0 - / 9 19 3	Nature of injury
19. UNDERTAKER / A .	24. Was disease or injury In eny way related to occupation of decessed?
(Address) serificand	If so, specify
20. FILED (Ct. 19, 19. 3 y D) Treket mes. Registrar.	(Signad) (Address) (Address)
If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

pe

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

20, FILED.

mation should be carefully supplied.

of OCCUPA-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

	TATISTICAL PARTICULARS		CERTIFICATE OF DEATH
(a) Residence: No.	Princess Anne, Md, (Usual place of abode)	St., Ward.	If nonresident give city or town and State
2. FULL NAME Elv	a Crissey		
Length of residence in city or to	wn where death occurredyrs,mos	6ds. How long in U.S.	if of foreign birth?yrsmosds.
Village or City Camb	ridge	No Lastern Cho:	re State Hospitalst., Ward
County Do re he			Registration Dist. No.
1. PLACE OF DEATH		(150)	116

	(a) Residence: No.			ine, Md,	St., Ward.	If nonresident give city or town an	d State
-	PERSONAL AT	ND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEATH	
3.	3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wnie the word) arried		21. DATE OF DEATH	October 11, 1934 (Month) (Day)	, 198 (Year)		
5a.	If married, widowed, or div HUSBAND of (or) WIFE of		d Crissey			Y CERTIFY, That I attende	
6.	DATE OF BIRTH (month, d	av. and year) Te	bruary 20	1893		October 11, 1934	
7. AGE Years Months Days If LESS than 1 day,hrs.		If LESS than	to have occurred on the date state The PRINCIPAL CAUSE OF DEA	ted above, at 8:15 P.m. TH and related causes of importance	1		
NOI	8. Trade, profession, or kind of work done SAWYER, BOOKKE	particular , as SPINNER, EPER, etc	Mouse			custion associated h (Sept. 25th)	Date of onset
OCCUPATION	9. Industry or business work was done, as SAW MILL, BANK	SILK MILL, , etc	Own				l mon.
00	10. Data deceased last w this occupation (m year)	orkad at onth and the a	2. 11. Total ti spar occu	ma (years) it in this Life pation Life	Other Coutributory Causes of imp		
12	. BIRTHPLACE (city or town (State or country)) Prince	ss Anne				~~~~
ER	13. NAME	Charles F	. Kelly				
FATHER	14. BIRTHPLACE (city or (Stata or country)	town) Unkno	wn 	J,		Data of Data of Was there ar	
HER	15. MAIDEN NAMEA8	inda Birde	ell		23. If death was due to external co	auses (VIOLENCE) fill In also the followi	ng:
15. MAIDEN NAMEAL and a Rirdell 16. BIRTHPLACE (city or town) Unknown (State or country) Some First County, Md.			Accident, suicide, or homicide? Where did injury occur?				
17	. INFORMANT			3	Specify whether injury occurred	in INDUSTRY, in HOME, or in PUBLIC F	PLACE.
18	BURIAL, CREMATION, OR Place. Phones		In Date Do	Oct A.24			
	UNDERTAKER 19a	la 1900	hill.		24. Was diseasa or injury in any	way related to occupation of deceased?	No

If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles treet, Balsimore, Requesting V. S. No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Andrew	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	70	
1. PLACE OF D		. 4	tea	82-8)	7	
,	chester.	,		Registration Dist. No.	3	
Village or City_	Taylors I	sland, M	ſd.	No. X St.,	War	
Length of residence	e In city or town where	death occurred 77	yrs3 (I	f death occurred in a horpital or institution, give its NAME instead of street and isds. How long in U.S. if of foreign birth?	Y	
2. FULL NAME	William	Fayette	Dashiel	1.		
(a) Residence: No. Taylors Island, Md. (Usual place of abode)				St., X Ward. X If nonresident give city or town and	State	
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diate	
Male 4.0	COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED. O (write the word) 1 e d.	21. DATE OF DEATH October 21st.	, 1934	
5a. If married, widowed, on HUSBAND of	Mary E. N.	avy.		(Month) (Day)	(Year)	
(or) WIFE of	Mary E. II.	ct v y •		22. HEREBY CERTIFY, That I attended	deceased from	
6. DATE OF BIRTH (mont	h day and years 77	/7/1857.		I last saw h smallive on let 15, 1924; death		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et 8 P. M.	; death is sai	
77	3	I4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession,	8. Trade, profession, or particular kind of work done es SPINNER Timber Dealer. SAWYER, BDDKKEEPER, etc. Termer 9. Industry or business in which			were as follows:	Oate of onset	
SAWYER, BDD				Cerebral Thrombonis	Morel!	
kind of work of SAWYER, BDD 9. Industry or busin work was done SAW MILL, BA 10. Date deceased las this occupation	ess in which e, as SILK MILL, NK, etc	T OT HOT				
SAW MILL, BA	NK, etc	11 Total tip	me (veare)			
this occupation year)	st worked at 1932	span oceu	me (years) it in this 57 pation			
12. BIRTHPLACE (city or t	Tavior		7	Other, Contributory Causes of importance:	10.	
(State or country)	own) 4_24_3 24_		Md.	Hyfartension -	1923	
13. NAME Rob	ert S. Da	shiell.		(d-)		
13. NAME ROD	or town) Taylo	rs Islan	nd.	Name of operation Porce Date of	1	
(State or coun	try)	Md.		What test confirmed diagnosis? Charical was there an a	utoney? M	
15. MAIDEN NAME	Mary E.	Geogheka	an.	23. If death was due to external causes (VIDLENCE) fill in also the following		
15. MAIDEN NAME 16. BIRTHPLACE (city (State or coun	or town) Tay	lors Is:	land,	Accident, suicide, or homicide? Date of injury		
IT.INFDRMANT Wilbur Dashiell (Address) Cambridge, Md.				Where did injury occur?	:) ICE.	
18. BURIAL, CREMATION,	DR REMOVAL			Manner of injury		
PlacTaylor	s Island,	Md. I	0/23/34.	Nature of injury	4	
	anville Sambridge.		pte.	24. Was disease or injury in any way related to occupation of deceased?	no	
20, FILED DET	13,34	Rom	Call Registrar,	(Signed) D. Thrives	M. (
	If move	blanks are needed, as		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	My	

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

DDITIONAL CDACE FOR EUDPHED CHAREMENING DV DITIGIOLAS

ADDITION?	E STACE FOR FO	KINDI GIAIDME	MIS DI III	ISICIAN	
¥ .					
14	-				
				482	

)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DING	ANENT RECO	CTLY. PH	ssified. Exact	
ARGIN KESERVED FOR BINDING	S IS A PERM.	stated EXA	properly class	certificate.
KENERVEL THE NEW THE	IG INK-THE	AGE should be	that it may be	ons on back of
ARGIN	TH UNFADIN	ly supplied.	lain terms, so	See instruction
	PLAINLY, WI	ould be careful	F DEATH in p	TION is very important. See instructions on back of certificate.
4.	-WRITE	mation sh	CAUSE	TION is

V. S. No. 1

1. PLACE OF DEATH	
V 1	
County Dorch Control Registra	tion Dist. No. 110
Village or City near Reliance No.	St., Ward
(If death occurred in a horpital or institution, give its N Langth of residence in city or town where death occurred \ yrs. \ \ mos. \ ds. \ How long in U.S. if of foreign birth	
017. 60. 070	
2. FULL NAME Madre Colisateth Daylon	
(a) Residence: No. Steden als True and Mart St., Ward. (Usual place of abode) If nonres	sident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICA	ATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	- ith
D'emale, White Granie (Month)	(Day) (Year)
5e. If marriad, widowad, or divorced HUSBAND of 22, 1 HEREBY CERT	I E.Y. That I attended deceased from
(or) WIFE of Stoyd Daylor "OC 10 1931 10	(UG-10 193X
6. DATE OF BIRTH (month, day, and year) wow el 26' 188 H 1 last saw hall Cate on the	aneway ; death is said
7. AGE Years Months Deys if LESS than to have occurred on the date stated above, at.	3 A/m.
50 I I dey,hrs. The PRINCIPAL CAUSE OF DEATH and releted were as follows:	d causes of importence
8. Trade, profassion, or particular kind of work done, as SPINNER,	Date of other
SAWYER, BDOKKEEPER, etc. Source Work Work And Sawy Land Sawy Lindustry or business in which	mrosis- Rel 10
Work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesed last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation	
Dthar Coutributory Causes of importanca:	
12. BfRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPLACE (city or town) Coxxoline Co Name of operation Mun (State or country)	
14. BIRTHPLACE (city or town) Caroline Co. Name of operation / Municipal Co.	Data of
Whet test confirmed diagnosis?	Was there an eutopsy2020
15. MAIDEN NAME Foliage the Court 3 16. BIRTHPLACE (city or town) Caroline Co. (State or country) (State or country)	
16. BIRTHPLACE (city or town) Caroline Accidant, suicide, or homicide? (State or country) Where did injury occur?	, Date of injury, 19
(Specify c	ity or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, (Address)	IN HUME, OF IN PUBLIC PLACE.
18. BURIAL, GREMATION, DR REMOVAL Manner of injury	
Place der als mig nd pate let 127, 1934. Neture of injury	
19. UNDERTAKER 27. To auchtour & Sou 24. Was disease or injury In any way related to	occupation of daceased? NO
(Addrass) Federal Pring Med If so, specify - Po-	
20. FILED Oct. 12, 1934 Chas H. Harting (Signed) (Address) Thateve	Tolling Mich M. C

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEAT	Н			93:4
County No	rches	ster		Registration Dist. No.
Village or City Co	rubri	dge sur	(11	No. 300 Sleubura and St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city	y or town where	death occurred	yrsmos	ds. How long in U. S. if of foreign birth?yrsmosde
2. FULL NAME 4	una l	linguia	Easow	
(a) Residence: No. /	30 War	(Usual place	(Castou	Ward. If nonresident give city or town and State
PERSONAL ANI	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale 4. COLOR	a OR RACE		RIED, WIDOWED. (write tha word)	21. DATE OF DEATH Of ther (Month) (Day) (Year)
56. If marriad, widowed, or divormed. HUSBAND of (or) WIFE of James	00	Easou		22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day,		Pel 150	01865	[last saw her alive on Oct & 1930 death is said
7. AGE Years	Months //	Days	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trada, profession, or pa kind of work done, a SAWYER, BDDKKEEF	S SPINNER.	Hanse	vife	acute myocardial failure 10-7-34
kind of work done a SAWYER, BDDKKEEF 9. Industry or business in work was dona, as SI SAW MILL, BANK, et 10. Data deceased last work this executation (man	LK MILL,			
10. Data deceased last work this occupation (mon yaar)	th and		me (yeers) It in this pation	
12. BIRTHPLACE (city or town)_ (State or country)	Fael	Tous	nty	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town)	muel	a. Ceo	uson +	
(State of country)	vn) dal	2021	unty.	Name of operation Date of What test confirmed diagnosis? Cleused Was there an autopsy? **Comparison of the confirmed diagnosis of the confirme
15. MAIDEN NAME 16. BIRTHPLACE (city or tow	anna (n) To	el of	ua Price	23. if death wes dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country 17. INFORMANT 17. (Address)	my	Caso	n	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OPERE	Moval m	Date 10/	9/34	Manner of injury
19. UNDERTAKER AM	Es M.	Spe	me	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED Oct 9, 19	340	Tille	Registrar.	(Signed) (Coche M. Face) M. D. (Address) Parelbadge Wed.
	If more	blanks are needed a	ddress State Penistran	N. Charles Careat Patrices Program Brown St. C. N.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County. Postaling. Registration Dist. No. / Village or City. Cago. The County of the C		CERTIFICATE OF DEATH
Village or City. Length of residence in city or tomphere death occurred. Length of residence in city or tomphere death occurred. John More and aumber) Length of residence in city or tomphere death occurred. John More and State Market M	1. PLACE OF DEATH	93-c
Length of residence in city or town, where distributions, give its NAME inneed of street and number) 2. FULL NAME (a) Residence: No. (b) Ward. (c) Ward. (c) Ward. (d) Residence: No. (e) Ward. (e) Residence: No. (f) Indicating spire city or town and State PERSONAL AND STATISTICAL PARTICULARS (e) S. SINCE, MARRID, WIDOWED (f) Will be word. (f) Worked (f) Worked (f) Worded (f) Will of the first of the fir	County Porchalin	Registration Dist. No. / /
2. FULL NAME (a) Residence: No. (Userplace of abode) (Ward. (Month) (Wonth)	Village or City Craps Ma	
2. FULL NAME (a) Residence: ND. (Usufplace of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWSD. OR DIVORGEO (critighe word) OR DIVORGEO (critighe word) ALL MARRIED, WIDOWSD. (Wonth) (Day) (Wonth) (Wonth) (Day) (Wonth)	Length of residence in city or townwhere death occurred	
(a) Residence: No. (Usupplace of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE OR DIVORCED Consiste word) OR DIVORCED Consiste word or divorced (Moonth, day, and year) OR DIVORCED Consiste word or divorced consistency or divorced	11107	1 . 10
PERSONAL AND STATISTICAL FARTICULARS SEX	2. FULL NAME HALLE IS	wite
PERSONAL AND STATISTICAL PARTICULARS S. S. A. COLOR OR RACE S. SINGLE, MARRIED, WINDOWS OR DIVORED Coming the word) OR DIVORED Co		
4. COLOR OR RACE OR DIVORCED (which word) 22. I HER EBY CERTIFY, Thet I attended deceased for the first star and the s		
A. If married, widowed, or divorced HUSBAND of (Month) (Day) 193 1. If LES than HUSBAND of (Month) (Day) 22. I HEREBY CERTIFY. Thet I attended deceased for the HUSBAND of (Month) (Day) 25. DATE OF BIRTH (month, day, and year) 26. DATE OF BIRTH (month, day, and year) 27. Trade, profession, or particular in the profession of month and the profession of work done, as SPINNER, which work was done, as SPINNER, SAWER, BOUNKEEPR, etc. 28. Trade, profession, or particular in the profession of profession of profession of work done, as SPINNER, SAWER, BOUNKEEPR, etc. 29. Industry or business in which work and one as SPINNER, SAWER, BOUNKEEPR, etc. 20. Industry or business in which work and an understand and profession occupation (month end) 20. BIRTHPLACE (city or fown) 21. SIRTHPLACE (city of fown) 22. SIRTHPLACE (city of fown) 23. If death was due to external causes (VIDL ENCE), fill in also the following: 24. Actident, suicke, or homical diagnosis? 25. Was there an europsy? 26. Trade, profession, or particular in the profession of injury whether injury occurred in INDUSTRY, in HDME, or in public PLACE. 26. MAIDEN NAME 27. Infermant 28. BIRTHPLACE (city or town) 29. Specify whether injury occurred in INDUSTRY, in HDME, or in public PLACE. 29. What diagnosis? 20. FILED ORD 19, 1934 HMM HAME Description. 20. FILED ORD 19, 1934 HMM HAME Description. 21. Was disease or injury in any way related to occupation of deceased? 20. FILED ORD 19, 1934 HMM HAME Description. 21. Was disease or injury in any way related to occupation of deceased? 21. Was disease or injury in any way related to occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Filed Description. 26. Description. 27. Was th		
HUSBAND of (or) WIFE of Control of Corp. WIFE of Corp. WIF	Funale White OR DIVORCED (writighte wor	rd) Qu 19 193 4
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day, hirs. or min. 2. Trade, profession, or particular kind of work dome as SPINNER, SAWHER, BDOKKEFER, etc. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. SAWHER, BDOKKEFER, etc. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. SAW BILL, BANK, etc. It is saw hare alive on. Date of one were as follows: Date of one were as follows: Date of one were as follows: Dither Coatribetory Causes of importence: Dither Coatribetory Causes of importence: What test confirmed diagnosis? Was there an eurlopsy? What test confirmed diagnosis? Was there an eurlopsy? What test confirmed diagnosis? Date of injury Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Natu	a. If married, widowed, or divorced	M. LUGBERY CERTIFY THE MINISTER OF
AGE Years Months Days If LESS than 1 day	(or) WIFE of Frames A. Johnsol	
1 day,	DATE OF BIRTH (month, day, and year) Que 13 1866	I last saw have alive on Ret 17 , 1924; death is sa
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month end year) 11. Total tima (years) spant in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, DR REMOVALY Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED OLT 19. 19.3 # January May related to occupation of deceased? 11. Total tima (years) spant in this occupation Date of importence: 11. Total tima (years) spant in this occupation. Date of importence: 22. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an eutopsy? Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 19. (Signed) 19. (Signed) 19. (Signed) 19. (Signed) 19. (Signed)		
8. Trade, profession, or particular of the control		THE FRINCIPAL CAUSE OF DEATH and letated causes of importance
SAWYER, SEDOKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month end year) 11. Total time (years) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAY Place 19. JUNDERTAKER (Address) 19. JUNDERTAKER (Address) 10. FILED OLL 19, 1934 JAMM JAMM JAMM JAMM JAMM JAMM JAMM JAM	9 Trade profession or particular	believe mys eardets 1929
work was done, as SIKK MILL, SAW MILL, BARK, etc. 10. Data deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATIDN, DR RENOVALY Place 19. UNDERTAKER (Address) 19. (Signed)	SAWYER, BDDKKEEPER, etc.	······Q
Display the deceased last worked at this occupation (month end year) 11. Total tima (years) spent in this occupation Dither Contributory Causes of importence: 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 10. Date of 1934 11. Total tima (years) spent in this occupation Date of importence: 11. Total tima (years) spent in this occupation Date of importence: 12. Dither Contributory Causes of importence: Date of importence: Date of importence: Nama of operation Date of importence: What test confirmed diagnosis? Was there an eutopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Specify (Signed) Manner of injury in any way related to occupation of deceased? 15. Specify (Signed) Manner of injury in any way related to occupation of deceased? 16. Specify (Signed) Manner of injury Nature of injury (Signed) Manner of injury (Signed) Manner of injury (Signed)	work was done, as SILK MILL.	
Dther Contributory Causes of importance: Date of Was there an eutopsy? Accident, suicide, or homicide? Date of injury. Date of injury. Date of injury. Date of injury. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury in any way related to occupation of deceased? Places of the contributor in the	1D. Data deceased last workad at this occupation (month end spent in this	
(State or country) 13. NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an eutopsy? Accident, suicide, or homicide? Date of Injury Where did injury occurr? (Specify city or town, country and State) 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, DR REMDVAL Place Date Date Out Date Out Date Out Out Out Out Out Out Out O	year) occupation	Dther Contributory Causes of importence:
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What test confirmed diagnosis? Was there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 8. BURIAL, CREMATION, DR REMOVAL Place (Address) 9. UNDERTAKER (Address) 19. UNDERTAKER (Address)	14, BIRTHPLACE (city of town)	Nama of operation Date of
(Specify city or town, county and State) 17. INFDRMANT Quanty (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Out 20, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)	(State of country)	What test confirmed diagnosis? Was there an eutopsy?
(Specify city or town, county and State) 17. INFDRMANT Quanty (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Out 20, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)	15. MAIDEN NAME Voltay Jane Villell	23. If death was dua to external causes (VIDLENCE) fill in also the following:
(Specify city or town, county and State) (T. INFDRMANT Aurill Towns Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) (Address) (Address) (Address) (Becify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 24. Was diseasa or Injury in any way related to occupation of deceased? (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury 19. Undertaker (Address) 19. Undertaker (Address) (Signed) (Signed) (Signed) (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Date Date Line Date Date	(State or country)	Where did injury occur?
8. BURIAL, CREMATION, DR REMOVAL Place Date Out 29, 1934 Nature of injury Nature of injury 24. Was diseasa or Injury in any way related to occupation of deceased? 260 If so, specify (Signed) Out 19, 1934 June 1411 Council (Signed)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Crapo Ma Date Club 29, 1937 Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. Undertaker (Address) 19. Undertaker (Signed) 19. Undertaker (Signed) 19. Undertaker (Signed) 19. Undertaker (Signed)		Name of taken
19. UNDERTAKER (Address) 24. Was diseasa or Injury in any way related to occupation of deceased? 210 If so, specify (Signed) (Signed) M. (Signed)		3 9
20. FILED Oct 19, 1934 June HI Curicl (Signed) B. H. Maries M	19. UNDERTAKER Tank E. Ofberich	74 -
20. FILED VER 11, 192T the 114 Ottered	(Address) Cambridge of	If so, specify
	1 10 40	2 - 2 - 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	6
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	6
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		1
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 101.4
1. PLACE OF DEATH	47
County Dukester	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Samuel Hallies	
(a) Residence: No. 44 CR SULIAL SUL	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Maly Halles	22. I HEREBY CERTIFY, That I attended deceased from
1) 1/-1080	Ly6 30, 1934, to 006/2, 1934
6. DATE OF BIRTH (month, day, and year)	I last saw halive on
7. AGE 5 4 Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
. 3 8 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as pollows:
8. Trade, profession, or particular kind of work done, as SPINNER, Lalvale SAWYER, BOOKKEEPER, etc.	aut Varyage Date of onset
SAWYER, BOOKKEEPER, etc.	Attiction affirm Ton
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Aug 1 11. Total time (years) 1 this occupation (month and	du to Coffeinma 1924
10. Date deceased last worked at dug2 11. Total time (years) 2 5 th	0
this occupation (month and control spent in this 25%)	
H-Christs	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 1 (State or country)	
13. NAME Danel willism	
13. NAME L'ANLL MYCLES 14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diagnosis? China Was there an autopsy?
15. MAIDEN NAME . Lount Room	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME , Lower Record 16. BIRTHPLACE (city or town) 22 C	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Addles of any Carbendage and	Specify city or town, county and State) Specify whether injury occurred in TNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place and leys Date OCL 14,1934	Manner of injury
19. UNDERTAKER Lenny S. J. J. Garnelin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Camblindgl nd	If so, specify
20. FILED OA. 1 & , , 1924 De Bellers & Mukus. Registrar.	(Signed) M. D. (Address)
If more blanks are needed address Some Parisa	27 Ct 1 C D t D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10175
1. PLACE OF DEATH	
County Du church	Registration Dist. No.
Village or City Work of the Control	No. Wel St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Don's Manie	Horsey
(a) Residence: No. Usual place of abode)	St., Wage. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Oay) (Yéar) 22. HEREBY CERTIFY, That I attanded deceased from.
02 174 1834	, 1937, to 0 0 1 , 1939
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stetad abova, atm. Tha PRINCIPAL CAUSE OF DEATH and raletad causes of Importance
ormin.	ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	and the second
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	1534
10. Oate deceased last worked at this occupation (month and yaar) 11. Total time (years) spent In this occupation occupation	
12. BIRTHPLACE (city or town) World . (State or country)	Other Contributary Causes of Importance:
13. NAME Raymed Horsey.	
13. NAME 14. BIRTHPLACE (city o town) (State or country)	Name of operationDate of
	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town) work of the conditions and	23. If death was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicida, or homicida?
2 (State or country) 17. INFORMANT Pryingle Address)	Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date 10-11, 193 Y	Manner of injury
19. UNDERTAKER Prymoulton, (Addiass)	24. Wes disaase or injury In any way related to occupation of daceased?
20. FILEO (0 - / 7, 19 3 / D). Let-6 hmg h Registrar.	(Signad) Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	URTHER STATEMENTS BY	PHYSICIAN filed und
Dr. Jones - 11-24-34		

should state

of OCCUPA.

1. PLACE OF DEATH	(31)
County Doubusting	Registration Dist. No. 114
Village or City Andrews Ind	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs:mosds.
0 7	1.
2. FULL NAME Ans Vannes ITUA	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (retire the word)	21. DATE OF DEATH
and New many	(Month) (Day) (Yéar)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Group A. Aughre	Oct 11h , 19 24, 10 004 2 7 = , 19 34
6. DATE OF BIRTH (month, day, and year) Tree, 4 1870	I last saw h alive on, 19; death is sald
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated abova, at
641 S 2 V ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession or particular kind of work dona, as SPINNER,	Chronie Bught leware.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Duration: two years, Cuga
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Claw Ma Officer (Stata or country)	
H 13. NAME tanks he Calhalin	
14. BIRTHPLACE (city or town) Martin do (State or country)	Name of operation Data of
15. MAIDEN NAME	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) - Essay Mal Laster	Accident, suicide, or homicida?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT on houseful Aughe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Cambridge Mob	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 1934	Manner of Injury
Place United States of the Sta	Nature of injury
19. UNDERTAKER Transf. C. Lyltung	24. Was disease or Injury In any way related to occupation of deceased?.
(Address)	If so, specify
20. FILED (1934 MM) M. J. Carrier Registrar.	(Signed) M. D.
(Accal Registrar.	V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1878 3-25

OCCUPA-

of

	CERTIFICATE OF DEATH	54
1. PLACE OF SEATH COUNTY DOCKESTES	Registration Dist. No.	16
Village or City Cambridge	No. Casul Horpital St., death occurred in a hospital or institution, give its NAME instead of street and num	
2. FULL NAME Helen Daylor 1 fre	Nock	us.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Stat	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (writeAha word)	21. DATE OF DEATH (Month) (Day) (Day)	(Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of ### April 19 Free Process Control Free Process Con	22. I HEREBY CERTIFY, That I attended dece	easad from
6. DATE OF BIRTH (month, day, and year) Vicen 26, 1912	I last saw h alive on 24 , 19 3 Y; de	
7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trada, profession, or perticuler kind of work dona, as SPINNER, Wasture SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date descend last worked at this possupation (month and the possupation (Jeptieme 1	te of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and yaar) 11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town). Quenque Co	Other Contribatory Causes of importance:	
(State or country) Phrs.	aboution Self undows 10	15/37
13. NAME Mehalm Jaylor 14. BIRTHPLACE (city or town) Many (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autop	- ho
15. MAIDEN NAME Ruby Jevertan 16. BIRTHPLACE (city or town) Manyland	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT / March	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place 11. 15 on of M. Date 11. 26, 19.39	Manner of injury	
19. UNDERTAKER D. S. Felacus (Addiess) Still Pond M	24. Was disease or injury Ip any way related to occupation of deceased?	-0
20. FILED 10-25, 1934 D7- Flueker Registrar.	(Signed) (Address) Canada May.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

V. S. No. 1 B ż

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH Dorchester	Registration Dist. No.
Village or City Lambridge Length of residence in city or town where death occurred yrs. 2. FULL NAME Elizabeth	No. Candrada M. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. If of foraign birth? yrs. mos. ds.
(a) Residence: No. Jishevelle Trus	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	. 21. DATE OF DEATH
HUSBAND of Ohn Ohnson	22. I HEREBY CERTIFY, thet I attended decaased from 19 to 9 19 19 19 19 19 19 19 19 19 19 19 19 1
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	liast saw h alive on, 19; death is seid
1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importence
Trede, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK-MILL, Canning factors 10. Date deceased last worked at this occupation (ment) and the content of th	Frontish of skull Thomas Culture
year) Spanish (instance of the second of the	Other Contributory Canses of Importanca:
(State or country)	
13. NAME Gerge Cobinson 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy? 240
15. MAIDEN NAME (Ideline Bolden 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	23. If daeth was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, M. Carry Conductor of C
18. BURIAL, CREMATION, OR REMOVAL Place Sat. Oct. 13	Menner of injury anti Collision Neture of injury Froction of spend
19. UNDERTAKER J. D. Grampton & Lons (Addiass) Jederals mg. rod.	24. Was disaase or injury in any wey related to occupation of decaased? W
20. FILED Oct. 16, 1934 Dy Silbert F. Muchin	(Signed) A Brewsaw Cormo. (Address) Baustrelas Mel
If more blanks are needed, address State Registi	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	tem	sho) jè	4
1	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
1	Eve	MA	eme	
	ED.	SIC	state	
	COF	PH	ct	
	RE		Exa	
rh	HZ	LY	d.	
IN	NE	CI	sifie	
ND	SMA	XA	class	
MARGIN RESERVED FOR BINDING	PEF	田	ly	40
OR	V	ted	per	9:1
F	SIS	sta	pro	-
ED	HIS	be	be	3-
RV	T	plno	may	1
SE	NK	sh	it	110
RE	5	1GE	that	-
Z	DIA		08	4.
RG	IFA	olied	rms,	A. A.
KIA	5	Idns	ı te	
•	TH	Illy	plain	U
	W	refu	in	-
	LY,	cal	TH	Amount
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	TE	h sh	EC	
	VRI	tion	AUS	TAO
P4	Par.	T	73	ΙĒ

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
Village or City Can And my	Registration Dist. No. //
Things of only	NoSt.,! If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occupredyrsme	ssds. How long in U.S. if of foreign birth?yrsmos,
2. FULL NAME Andant, Varum	ore
(a) Residence: No.	St., Ward.
(Usua place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	and by 193 4
ia. If merriad, widowed, or divorced	(Month) (Dey) (Yee
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased
(or) wire or	- Sept. 30 , 1950 to Oct 3 , 19-
DATE OF BIRTH (month, dey, and year)	I lest saw h alive on Och 2 , 19 \$4; death 1
7. AGE Years Months Deys / If LESS than	to have occurred on the date steted above, et. 1.2 Oam.
/ 3 1 dey,hrs	THE TRINGS AND CAUSE OF DEATH and releted causes of importance
9 Trade profession or particular	Oate of
8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was dona, as STINNER, SAW MILL, BANK, etc. 10. Deta deceased last worked et this occupation (month end spant in this spant in this	the details
SAW MILL, BANK, etc	7
this occupation (month end spant in this yaer)	Juos.
^ / / / /	Other Contributory Causes of Importence;
(Steta or country)	
13. HAME CANAL PRINTER	Siorce
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Deta of Deta
	What test confirmed diegnosis? Wes there en eutopsy?_
15. MAIDEN NAME Dirthe home	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19_
(State of county)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (AND HAME)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Landry M. Data M. 3 193	Menner of Injury
19. UNOERTAKER Land E. albangh	24. Wes diseese or Injury In eny wey related to occupetion of deceased?
11 1 2 31/1 1 1	(Signed) Liveliam Face

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

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1. PLACE OF	DEATH	+		3 Decident of State 1	, , ,
Village or Cit	ence in city or town where		land / V	Registration Dist. No. St., death occurred in a hospital or institution, give its NAME instead of street and s ds. How long In U.S. If of foreign birth? yrs. m	Wat
2. FULL NAN (a) Residence	IE Baby	Girl	Messi	a de la companya de l	J3
BERGON		(Usual place		If nonresident give city or town and	State
3. SEX	4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
Temale	CCC CCC		RIED, WIDOWED, (write tha word) (21. DATE OF DEATH 2 3 (Month) (Day)	, 193 3 (Year)
5a. If married, widowed HUSBAND of	d, or divorcad	0			
(or) WIFE of				22. HEREBY CERTIFY, That I attended	
	nonth, day, and year) OC	1. 23.19	34	I last saw h aliva on, 19, to, 19, 19	
7. AGE Years		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
8. Trade, profassi kind of wo SAWYER, E	rk done, as SPINNER, BDOKKEEPER, etc	now	****	5 mouth	
Work was of SAW MILL,	dona, as SILK MILL, , BANK, atc	11. Total ti	me (yaars) t In this	Miscoonings	
12. BIRTHPLACE (city	or town) Cambre		pation	Othar Contributory Causes of Importance:	
(Stata or countries 13. NAME	unional Muss	iels		(auso leu huown.	
王	City or town) Cacal			Name of operation Data of	
15. MAIDEN NAM				What test confirmed diagnosis? Was thera an a	
16. BIRTHPLACE (city or town) Clarie Le Cample (Stata or country) Cambridge rind.			te.	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicida?	
17. INFORMANT Regressed > Mersiels (Address) Countrale and		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	a) NCE.		
18. BURIAL, CREMATIC	ON, OR REMOVAL	Date Ocy	413,1935	Manner of injury	
19. UNDERTAKER (Address)	CAST C.	pt.	e mil	24. Was disease or injury in any way related to occupation of deceased? ************************************	
20. FILED / 8 -	25, 193 YW	· He	Registrar.	(Signed) & y lee M Faler (Address) Careling Med.	M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

obuilty	Registration Dist. No. 1
Village Dr City 2	— ND. St., Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mo	s. Ods. How long In U.S. if of foreign birth? yrs. / mos.
2. FULL NAME Cacefort 6 me	ela
(a) Pacidanas No Ball - Jean	
(a) Residence: Np. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR-RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Freed What Of DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(loar)
(or) WIFE of Mr. J. Mello.	22. I HEREBY CERTIFY. That I attended decaased from the second of the se
6. DATE OF BIRTH (month, day, and year) 2/> >//855	I II . I a u A . A m. C. A m.
7. AGE Years Months Days I If LESS than	to have occurred on the data stated abova, at
79 7 10 1 day,hrs.	
	were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ecute tukqualing
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and yeer)	
Bedet 10 . 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	age - Judgeolin
13. NAME Central discoultant	
13. NAME Read 3	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Goesel Marco!	
A10 10	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Coccol Masses 16. BIRTHPLACE (city or town) Belly John John Market Ma	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT The egg M. Theatte.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Booker Stand Mil	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Interpret dead Hate 10/4 19 30	/
ed DO X	Neture of injury
19. UNDERTAKER 60 Le	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Det. 4 1934 W.D. Pritchett	(Signed) M.
Registrar.	(Address) Page. Total

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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1. PLACE OF DEATH	
Village or City Length of residence in city or town where death occurred & 3 yrs. / 0 mos	Registration Dist. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) L. L. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Annie Atome (a) Residence: No. 123 Since	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Actually Actually	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of The State OF BIRTH (month, day, and yeer)	1 HEREBY CERTIFY That I attended deceased from 19.34, 10. Outshee 9., 19.35
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 6:30 pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onge
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Truscarditis - annalar Fibelt 1934 Delmonay Edima 10.3.3
10. Date deceased last worked at this occupation (month and / 939 spent in this occupation (coupation (coupation)) 2. BIRTHPLACE (city or town) Cambridge (State or country)	Other Coutributory Causes of Importance:
13. NAME Auny Webb 14. BIRTHPLACE (city or town) (Stete or country) Sourheater Cs	Name of operation Date of What test confirmed diagnosis? Climan Was there an autonsy?
15. MAIDEN NAME Oricella Brannock 16. BIRTHPLACE (city or town) (State or country) Archista Co	What test confirmed diagnosis? Was there an autopsy? Wee 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 (Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Countride Date Och 12,1937	Manner of injury
9. UNDERTAKER 7 M St. Class (Address) 308 / Light 9. FILED Oct 12 1934 Or Sillers & Meekin.	24. Was disease or injury in any wey related to occupetion of deceased? If so, specify (Signed) M. [
Registrar, If more blanks are needed, address State Revistrar,	(Address) Comment of the Comment of

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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:	L. PLACE	OF BEAT	ГН			107.00	
	Cathity	Dorel	nester			Registration Dist. No	MONOOS VS 8000
501	Village	or City	Cambri		(1)	No. X. St., X. f death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
						-5ds. How long in U.S. If of Lorelgn birth?yrsm	osds.
- 3				s Lee Mo			
athlice	(a) Res	idence: No	2II.	Muir St	of abode)	St., 3 Ward. X If nonresident give city or town and	State
_		ONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX		R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Octmonth IOth	. 193_ 4
5a.	emale If married, w	idowed, or divo	nite reed	Infa	11	(Month) 1001(Day)	(Yest)
_	HUSBAND (or) WIFE		x			22. Oct ## 9 1934 to Oct 10	deceesed from
6.	DATE OF BIR	TH (month, day	, and year)	2/5/1934	1.		; deeth is seid
7.	AGE	Years	Months	Deys 5	If LESS then 1 dey,hrs.	to heve occurred on the date stated above, at 2 - 15 - A . M . The PRINCIPAL CAUSE OF DEATH end related causes of importence	
_	8. Trade, p	rofession, or pe	rticular	1 5	ormin.	were es follows:	Date of onsat
ON	kind	of work done.		Infant		<i>D</i>	
OCCUPATION	9. Industry	or business in	which	do-kil, gig Colober Q-		Tremonia	
CU		was done, es S MILL, BANK, e		xx		1) 1 -1	
00	this	ceesed last wor occupetion (mor)	th and	spei	me (years) It in this	Brouckest	
12.	BIRTHPLACE (State or	E (city or town). country)	Cambr	idge, M		Other Contributory Causes of Importence:	-
ER	13. NAME	Will	iam B.	Mowbray			***********
FATHER	14. BIRTHPI			chester		Name of operation. Date of Date of	
II.	(Stat	e or country)		Md.		What test confirmed diagnosis? Cleural Wes there en o	
JER.	15. MAIDEN	NAME T	aura Co	ates		23. If deeth was due to externel causes (VIOLENCE) fill in also the Iollowing	
MOTHER		ACE (city or to	wn) Dorc	hester Md	Co.	Accident, suicide, or homicide? Date of Injury	, 19
17.	INFORMANT .	Will	iam B.	Mowbray.	•	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18.	BURIAL, CREI	MATION, OR RI	Cambrud	Se, Mo.		Manner of injury	
				DateIO	/II/34.	Neture of injury	
19.		Gran	ville S	LeCom		24. Was disease or injury in any way releted to occupation of deceased?	Ø.
20.	FILEDLES	t.//	3407	Lekus	Aub. Registrar.	(Signed) Wyle M. Faw (Address) Cambridg med.	M. D.

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No. of the last of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

of OCCUPA-

Exact statement

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10183
1. PLACE OF DEATH Village or City Cambrilge	No. Carluly M. H. H. St., Ward
Length of residence In city or town where deeth occurredyrsmos 2. FULL NAME You field Owns	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of ebode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (21. DATE OF DEATH (Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. UY 1 HEREBY CERTIFY, That I atlended deceased from 19 19 10 10 10 10 17 19 3 K
6. DATE OF BIRTH (month, dey, and year) WY - Church 7. AGE Years Months Oeys If LESS than	I last saw h alive on / / / / / , 19 ; death is said to have occurred on the date stated above, at / 1/5 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Subam. Amount of SAWYER, BOOKKEPPR, atc.	Ame at fuitorition
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased lest worked at this occupation (month and 1934 spentin spentin occupation)	Hot goll-stones were found, with a fall-bladder had completely slonghed may. Probably, compyered of the gall-bladder.
12. BIRTHPLACE (city or town) Clunton N. C. (State or country) L. 13. NAME Thury Owns	Other Contributory Causes of importance: Suplimed Fall Bludder
13. NAME Hung Owns	
14. BIRTHPLACE (city or town)	Name of operation Separatum Oate of la Page 67 What test confirmed diagnosis? aforgation Was there an autopsy? M
15. MAIOEN NAME WY Thrum	23. If death was due to external causes (VIQLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
17. INFORMANT that recent (Address) Carming and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Wanch Chifel am 10 121 10 121	Manner of Injury
19. UNDERTAKER AM ACCOMMENTAL MAN COMMENTAL MAN COMMENTS OF THE PROPERTY OF TH	24. Was disease or Injury In any way related to occupation of daceased? 11 so, specify
20. FILEO Oct 3/, 19 34 D. Frehest Breek.	(Signed) Carbuily My M. D
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	210-9
County Darrhester	Registration Dist. No.
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) as. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Molan Pales	·lev
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 01 DIVORCED (write the) word)	21. DATE OF DEATH October 3rd., 1934. , 193_ (Month) (Day) 88W (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs,	22. I HEREBY CERTIFY, That I INFIDENTIFY OCTOBER 3"1934 to OCT . 3"1934 19 I last saw him mom dead mymmymmmm to have occurred on the date stated above, at 3 Pam.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	The PRINCIPAL CARSE PIDEATH addressed causes of importance were as follows: Automobile Accident. Crushed chest. Internal Hemmor- rhage.
12. BIRTHPLACE (city or town) occupation occupation	Other Coutributory Causes of importance:
(State or country) 13. NAME Richard See 14. BIRTHPLACE (city or town) Sostor (State or country)	Signature of Coroner. S.D. Joyd Justiposon of the Prace. What lost confirmed disposic?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. Towns of the control of	What test confirmed diagnosis? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of injury OCt. Where did injury occur? Where did injury occur? Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Public Place State Road. Manner of injury Automobile accident.
19. UNDERTAKER AND COME STORE TO MAN CADDRESS OF THE STORE STORE TO MAN COME TO SERVER THE STORE THE STORE THE SERVER THE	Nature of injury See Above. 24. Was disease or injury in any way related to occupation of deceased? No. (Signed) Allumn B. M. D.

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M

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Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

STA	TE OF	MAR	YLAND-	CERTIFICAT	E OF DEA	TH	10135
1. PLACE OF DEATH	0 4			(119)			
County Jores	hester				Registration	Dist. No. //	0
Village or City 700.	Pres	ton	/	No		St.,	Ward
Length of residence in city or	town where death	ncourrad	(If	death occurred in a hospital or	institution, give its NAMI S. if of foreign birth?		
5/1	/	0 0	Lacles	, D. 11	/	yi3	IIIU\$us-
2. FULL NAME CL	wood	<u></u>	naices	- aiser			
(a) Residence: No.		(Usual place of	of abode)	St.,Ward.	If nonresident	give city or town ar	nd State
PERSONAL AND S		-		MEDICA	L CERTIFICATE		
3. SEX M. 4. COLOR OR		INGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEAT	-	10	, 193
5a. If married, widowed, or divorced	-				(Month)	(Oay)	(Tear)
HUSBAND of (or) WIFE of				22. I HERE	BYCERTIF	That I attande	d dacaasad from
	1	29	, 1934	Oax 1	102/	peop	رون العرب
6. DATE OF BIRTH (month, day, and 7. AGE Years	11		If LESS than	I last savio	1784	(D) 1. W.	; death is said
7. AGE (6213	Months/	Days	1 day,hrs.	to have occurred on the date The PRINCIPAL CAUSE OF		es of Importance	
8. Trada, profession, or particul		,	ormin.	were as follows:	11		Date of onset
kind of work dona, as SF SAWYER, BOOKKEEPER,	PINNER,			1 1-1	your a		
9. Industry or business in which	h			- June			
kind of work dona, as SF SAWYER, BOOKKEEPER, 9. Industry or business in which work was dona, as SILK SAW MILL, BANK, etc 10. Date deceased last worked a					***************************************		
	nt nd		tin this				
yaar)	6	7 1	pation	Other Contributory Causes of	f importance:		
12. BIRTHPLACE (city or town) /	w.	tul	acid .	(C)	,		
1 00	1			Vaor	nuren	1	
13. NAME C Term	on the	arke		Janalo	my ases	und	70
13. NAME Clem 14. BIRTHPLACE (city or town) (Stata or country)	mil	2		Name of operation	1	Date of	
	50	1	I.H. I	What test confirmed diagnos			
	my cera	spein	urante	\$23. If death was dua to extern			
16, BIRTHPLACE (city or town) (State or country)	m	d.		Accident, suicide, or homicid	07	Oate of Injury.	, 194
10.0	. 4	2 6	1	Where did Injury occur?	(Specify city or	town, county and St	ale)
17. INFORMANT Com	-61.	mi		Specify whether injury occur	Ted III INDUSTRY, IN HO	ME, OF IN PUBLIC P	LAUE,
18. BURIAL, CREMATION, OR REMOV	/AL	A		Manner of injury			
Place Mashington	Cem. 0a	te act	11 ,1934	Nature of Injury			
19. UNDERTAKER Comments (Address)	es de	ike	Starter	24. Was diseasa or injury in	any way related to occupa	ation of dacaased?	24
20. FILED Oct 11, 193	4 Cha	s. 21	Hasting	(Signed)	Turloc	k M)M. C
	If more blanks	are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimo	re, Requesting U. S. No.	1.	

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NOV 6 184 = -1		7,		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—I

1. PLACE O	bouchesles			(2	9	11
County	voccusin	<i></i>			Registration Dist. N	0.// Z
Village or C	ity Ocemou	ź	//	NoNo	r institution, give its NAME instead	St.,War
Length of resi	idence In city or town where	death occurred	yrsmos		I.S. if of foreign birth?y	
2. FULL NA	ME Stion	brown The	0 6	T. (96,00.6.		
(a) Residen	7/	One	2-1	· vallepe		
(a) Residen	ice: No. Our	(Usual place	of abode)	St.,Ward.	If nonresident give city	or town and State
PERSON	IAL AND STATIST	TICAL PARTI	ICULARS	MEDICA	AL CERTIFICATE OF	DEATH
s. sex	4. COLOR OR RACE	OR DIVORCE	KRIED, WIDOWED, D (write the word)	21. DATE OF BEA	Larn QU.	16 , 193 (Year)
a. If married, widow HUSBAND of	ved, or divorced					7(1001)
(or) WIFE of		•		22. IHER	EBY CERTIFY, The	nt I attended deceased fro
DATE OF BIRTH	(month, day, and year)	Pel: 16	-34	I last saw h alive	00	, 19; death is sa
. AGE Yes		Days	If LESS than	to have occurred on the case	ta sandahove at 5-200 m	, 15; qeam is sa
0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF	F DEATH and related causes of Im	portance
8. Trade, profe	ssion, or particular		i oi min.	were as follows:		Oata of ons
kind of v SAWYER	work dona, as SPINNER, BOOKKEEPER, etc					
9. Industry or work was	business in which s done, as SILK MILL.	-				
	s done, as SILK MILL, .L, BANK, etced last worked at	11 Total 4	ime (years)			
this occu	pation (month and	spe	nt in this		***************************************	
	7500	mice	a patron	Othar Contributory Causes	of importanca:	
2. BIRTHPLACE (ci		moe				
13. NAME	rallon Q. 9	£:00.60				
	- 1.	in ch		N		
14. BIRTHPLACE (State or		ma		Nama of operation	noio?	Date of
15. MAIOEN NA	ME mary tr	ancis 12	rompavis		real causes (VIOLENCE) 5H in class	
15. MAIOEN NA	(city or town)	or co	/		rnal causes (VIOLENCE) fill in also Ide? Data of i	
(State or	country)	a mae		Where did injury occur?		njuly
7. INFORMANT	malling & (96,00,6	1 -		(Specify city or town, coursed in INDUSTRY, in HOME, or I	ounty and State)
(Address)	Vienna	mac-1				JULIO TENUL
8. BURIAL, CREMAT	ION, OR REMOVAL	2 (Manner of Injury		
Place	Vienna	Data Ocl	-16 ,1984	Nature of injury		
9. UNDERTAKER (Address)	Hamily Viene	·		24. Was diseasa or Injury In If so, specify	any way related to occupation of	deceased?
O. FILED Ocl	16 ,1934 ED	gabith	W. Brall	(Signed)	(tronger)	, M.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. M.) è		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	138
1. PLACE OF DEATH		93-0	,
Moreounty Doscherter		Registration Dist. No.	5
Village or City Cambra	dge	No. 415 June St.,	Ward
Length of residence in city or town where deeth of	occurred 25 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long In U.S. if of foreign birth?yrsmos	iber)
2. FULL NAME Mary Of	· Pinker	ty-	
(a) Residence: No. 4 //5	ine	St. Ward.	
	(Usual place of abode)	. If nonresident give city or town and Ste	ste
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. S	R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Odv)	93 Y (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Parish	h. I	22. HEREBY CERTIFY, That I attended dec	
	1071.6	1904, to Oct 17	-
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, et / 0 - 25 m.	eath is sald
63 -	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		2	ata of onset
SAWYER, BOOKKEEPER, etc.	use work	Myocarditis	1933
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dâte deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation		
M.	d.	Other Contributory Causes of importance:	10,13
12. BIRTHPLACE (city or town) (State or country)		1 July 1 courses	700
13. NAME	LANC .	Perefral Harmonhan	1911 11
13. NAME 14. BIRTHPLACE (city or town)		Neme of operation 2000 Dete of	7
(State or country)		What test confirmed diagnosis? climical Was there en eulo	psy?ho
15. MAIDEN NAME	an	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of injury	_, 19
(State or country)	~1	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Contracte &	Peru.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
Place Thomas Asian My Oa	DA 19 34	Manner of injury	
Place	10	Nature of injury	
19. UNDERTAKER LIVES Y. X	Dayneur.	24. Wes disease or injury In eny way related to occupation of deceased?	25-
(Address) Cample	sis dus.	If so, specify	-0
20. FILED 61.17, 1934 Al Sel	Registrar.	(Signed) (Address)	7M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 1 1 1 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

17. INFORMANT

should state

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE
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	STATE OF MARYLAND	-CERI	IFICATE OF DEA	IH	2 4 2	
1.	PLACE OF REATH		92-0			
	County for higher	A	Registration	Dist. No/	11	
	Village or City near Linkewood	ND.		St.,		Ward
		(If death occurred	d in a hospital or institution, give its NAME	instead of street ar	nd number)	
	Length of residence in city or town where deeth occurredyrs,m	osds.	How long in U.S. if of foreign birth?	yrs	_mos	ds.

Village or City near Linkwood	ND. St., Ward
	ds. How long in U.S. if of foreign birth?yrsmosds
	ag wee.
(a) Residence: No. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (price the word)	21. DATE OF DEATH (Month) (Dey) (Heer)
5a. If merried, widowed, or divorced HUSDAND of Cor) WIFE of Regard.	22. ded 1 HEREBUCERTIFY That attended decessed from
6. DATE OF BIRTH (month, day, and year)	Last sew h
7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Paper dul fagration Date of onset
work wes done, es SILK MILL, SAW MILL, BANK, etc	Chronic enplacardilis :
O 10. Date deceesed lest worked at this occupetion (month and yeer) spent in this occupation occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country) 2 13. NAME Seorge Blakes	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diegnosis? Was there en autopsyllar
15. MAIDEN NAME COMMAND HELDEN 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
Z (Stete or country)	Where did injury occur?

19, UNDERTAKER

(Specify city or town, county and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If so, specify

(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

B

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ann Peritonitis 3 days ago Cerebral hemorrhage July 5.1927 Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

10190	
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1. PLACE OF DEATH	(8)
County Dorchuts	Registration Dist. No. 119
Village or City Crockwon, Ind	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME mas. Trongia a.	Kubinson
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / White American Americ	22. HEREBY CERTIFY, Thet i attended deceesed from
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days' If LESS than 1 day,hrs. ormin. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	I last saw hear alive on Det 8 ,19.3 4; deeth is seld to have occurred on the date stated above, at 12.30 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (Stete or country)	Other Coutributory Causes of Importence:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Schemen Med Date Out 9, 1934	Manner of injury
19. UNDERTAKER Canholic hollson D. Ritchitt	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Signed) M. D.
Local Registrar.	(Address) Causbadge uce

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Other contributory causes of importance:		Other contributory causes of importance:	
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BINDING

FOR

IARGIN RESERVED

V. S. No. 1

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Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

N. B.—WRITE PLAINLY, WITH V. S. No. 1

Sounty No. 2 Registration Dist. No. No. 2 Registration Dist. No. No. 3 Registration Dist. No. No. 3 Registration Dist. No. No. 4 Registration Dist. No. No. 5 Registration Dist. No. No. 5 Registration Dist. No. No. 6 Registration Dist. No. No. 6 Registration Dist. No. No. 7 Registration Dist. No. No. 6 Registration Dist. No. No. 7 Registration Dist. No. No. 8 Distance on No. No. 9 Registration Dist. No. No	1104	IH 101	CERTIFICATE OF DEATH	F MARYLAND—	of DIAIL C	1. PLACE O
(If death occurred in a borpital or institution, give its NAME instead of street and num Length of rasidence in city or town where death occurred. 2. FULL NAME (a) Residence: No. 54 Roberts (b) St., Ward. (a) Residence: No. 54 Roberts (b) St., Ward. (b) Ward. (c) Residence: No. 54 Roberts (d) Ward. (Usual place of abode) (Ward. (If death occurred in a borpital or institution, give its NAME institution. (a) Residence: No. 54 Roberts (Usual place of abode) (Ward. (If death occurred in the Morphital (Month) (Isual place) (Month) (Day) (Month)	16	Dist. No.	Registration Dist.	er	Worchest	Sounty
(a) Residence: No. 5	War	St. 2	No. 54 Robbins	dge (1	City Cambra	Village or (
(a) Residence: No. 54 Robbill (Usual place of abode) St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) PRANCED (write the word) Name of operation. S. If married, widowad, or divorced RUSEAND 4. (Or) WIFE of ACE Yeers Months Days If LESS then To have occurred on the detest stated above, at 41.79 e.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance WED 1. Date deceased last worked at this occupation (month and April 5-5) SANYER, BODKKEFFER, etc. Sociate or country) Dither Costributory Causes of Importance: What test confirmed diagnosis? Was there an auto 15. MAIDEN NAME MANAE MEDICAL CERTIFICATE OF DEATH (Month) (Day) 11. DATE OF BETH (Month) (Day) 12. DATE OF BETH (Month) (Day) 12. DATE OF BETH (Month) (Day) 13. The principal cause of propertion. The PRINCIPAL CAUSE OF DEATH and related causes of importance WED 1. DATE OF BETH (Month) (Day) 11. The principal cause of propertion. The PRINCIPAL CAUSE OF DEATH and related causes of importance WED 1. DATE OF BETH (Month) (Day) 15. MAIDEN NAME MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE (Month) (Day) 15. MAIDEN NAME MEDICAL CERTIFICATE MEDICAL CERTIFICATE MEDICAL CERTIFICATE MEDICAL CERTIFICATE (Month) (Day) 11. The Interest of the word Miscource of the word Month 15. MAIDEN NAME Name of operation. Was there an auto What test confirmed diagnosis? Maceident, suicide, or homicide? Detection of the word Accident, suicide, or homicide? Detection of the word Accident, suicide, or homicide? Detection of the word Maceident of the word Month Mo	d	yrsmos	ds. How long in U.S. if of foreign birth?	eath occurradyrsmos	sidence in city or town whera	Length of rasi
21. DATE OF DETH PRINCIPAL CAUSE OF DEATH and related causes of importance wife or solutions in which work done, as SPINNER Peneral Name of operation with soccupation (month and left /5-5) and this occupation (month and left /5-5) are solved in the solution of the solu	ate	give city or town and State		obbiles	F 1	
Sa. If married, widowad, or divorced WISSAND of (or) WIFE of Joseph E Saurison 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS then I day,		OF DEATH	MEDICAL CERTIFICATE OF	CAL PARTICULARS	NAL AND STATIST	PERSON
53. If married, widowad, or divorced HUSEADD 64 (or) WIFE of Joseph E Sauchson 6. DATE OF BIRTH (month, day, end yeer) Months Days If LESS then 1 day	93 (Yaar)	(Day) , 193 4	Sugara	OR DIVORCED (write the word)		1 1
1 last saw h. aliva on	ceased fro	Y That i ettended decease	22. I HEREBY CERTIFY	Sampson	Yoseff E.	HUSBAND of
AGE Yeers Months Days If LESS then 1 day, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER Beneral Vruse work and of work done, as SPINNER Beneral Vruse work wes done, as SIK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month end left /5-5 spant in this occupation) 12. BIRTHPLACE (city or town) E. New Market Dacks, Male (State or country) 13. NAME 14. BIRTHPLACE (city or town) E. New Market Co. Male (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Was thare an auto accident, suicide, or homicide? Dete of injury Dete of injury	.,	30,1934; deatl	1	ranch 12 1870	(month, day, end yeer)	DATE OF BIRTH
8. Trade, profession, or perticular kind of work done, as SPINNER Jewerel Youse work SAWYER, BODKKEPFER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month end left /5-3 x spant in this year) 12. BIRTHPLACE (city or town) E. New Monket Done May (State or country) 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. Main and testado causes of importance were a stollows: 18. Trade, profession, or perticular kind of work done, as Splinker were as follows: 19. Main and testado causes of importance were a stollows: 10. Date deceased last worked at this occupation (month end left /5-3 x spant in this occupation (month end left /5-3 x spant in this occupation (month end left /5-3 x spant in this occupation (month end left /5-3 x spant in this occupation (state or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. Main end of operation. What test confirmed diagnosis? Was thare an auto accupation (state or country) What test confirmed diagnosis? 23. If daath was due to axternal causes (VIOLENCE) fill in also tha following: 24. Accident, suicide, or homicide? 25. Details and testado causes of importance were a state of the state of the same of the state of the state of the state of the same of the state			The state of the s		ers Months	. AGE Yee
8. Trade, profession, or perticular kind of work done, as SPINNER Jeward I suse work 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month end left /5-3) spant in this year) 2. BIRTHPLACE (city or town) E. New Montest Doctor, Mad 13. NAME 14. BIRTHPLACE (city or town) E. New Montest (State or country) Ordestate 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) 19. Manual State or country 19. Manual State or country 10. Manual State or country 10. Manual State or country 11. Total time (years) spant in this occupation occupation 11. Total time (years) spant in this occupation occupation occupation occupation Deter Contributory Causes of Importence: What test confirmed diegnosis? Was there an auto What test confirmed diegnosis? Was there an auto 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Dete of injury Accident, suicide, or homicide? Dete of injury	2.4.4	1	The PRINCIPAL CAUSE OF DEATH and related causes of ware as follows:	1 / 4 1	4 3	54- 6.
Dither Contributory Causes of Importance: 2. BIRTHPLACE (city or town) E. New Market One of Male (State or country) 13. NAME 14. BIRTHPLACE (city or town) E. New Market (State or country) Workester 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Market 18. Market 19. Market	Date of one	Date	Mysenditis	and Irange work	ession, or perticular work done, as SPINNER H.	8. Trade, profe
Dither Contributory Causes of Importance: 2. BIRTHPLACE (city or town) E. New Market Dock. Med 13. NAME 14. BIRTHPLACE (city or town) E. New Market (State or country) Workester 14. BIRTHPLACE (city or town) E. New Market (State or country) Was there an auto 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Dete of injury Accident, suicide, or homicide? Dete of injury	733	19	Guffierden Deletta	coar, the coard		SAWYER
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2. BIRTHPLACE (city or town) C. New Market Works, And (State or country) Worklester Co., Md 13. NAME 14. BIRTHPLACE (city or town) C. New Market (State or country) Work Co., Md 15. MAIDEN NAME 16. BIRTHPLACE (city or town) C. Accident, suicide, or homicide? Date of injury Accident, suicide, or homicide? Dete of injury	7.77.			spant in this sy	sed last worked at upation (month end Leff /	(1113 0000
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15. MAIDEN NAME Mary Jewhice p 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury	nev? @	. 0	01	w Market		14. BIRTHPLACE
	,poj			whings	AME Mary 9	15. MAIDEN NA
	, 19			9	E (city or town)	16, BIRTHPLACE
Where did injury occur?				er Co, Mr		
7. INFDRMANT Paul Samfson Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 64 Robbius, Calubridge MA	Ε.	ME, or In PUBLIC PLACE.	Specify whether injury occurred in INDUSTRY, in HOME,	stubridge mit	64 Robbins, C	
8. BURIAL, CREMATION, OR REMOVAL Place C. New Masket Country Date Oct 4 - 1934 Nature of injury				Date Oct 4 - 1934	TION, OR REMOVAL New Masket Cen	20 7
9. UNDERTAKER IT MACCOAN 24. Wes disease or injury in any way related to occupation of deceased? If so, specify If so, specify		ation of deceased?	24. Wes disease or injury in any way related to occupation	Carobanao MA.	206 Min A	
20. FILED 10-3, 19.34 D. Letter Mele (Signad) Consult Clark Registrar. (Address) And Cult.	M	Lev SH	(Signad) Charles (Signad)	Gelter Macke	3 ,19342	0. FILED / D -

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

17. INFORMANT. (Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOYAL

should state

Every

STATE O	F MARY	/LAND-	CERTIFICATE OF DEATH	193
EATH	1		210m	
Josehert	e,		Registration Dist, No.	116
Cambre	Lee M	anland	Montal st.	Word
	0	(If	f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
In city or town where de	eeth occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
Lethal	Sch	ofield		
o. Bramble	2 /20	Le	St.,Ward.	
	(Usual place o		If nonresident give city or town and State	e
AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
OLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	4
acores	nest	reld	(Month) (Dey)	(Yeer)
divorced .	00.	0- 0	22. J HEREBY CERTIFY, That I attended dece	
1 tarlew	Scho	field	act 3 1934 to and 3	1034
, day, end yeer)	arch;	16 1893	I fest saw he alive on Oct 3 , 1934; de	ath is said
Months	Days	If LESS than	to have occurred on the date stated ebove, et 4.5.7 P.m.	otii 13 3 010
7		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
r particular	10	0122222111111.	Da Da	te of onset
MEEPER, etc.	who	e	tracture of Spull 10.	-3-30
ss in which		11		
es SILK MILL	unun	1 / Leuce		
(month and		in this 10		
16	occup	etion	Other Contributory Canses of Importance:	
wn)/////	arylana		multiple Continues and	
DP 94	tho -		Lacerations over entire body R	-3-34
John &		,		
r town)	naycani		Name of operation	
C 000 (7		Whet test confirmed diegnosis? Westhere en autop	sy? Clu_
euen	urner		23. If deeth was due to externel causes (VIOL ENCE) fill In elso the following:	
r town)/	Margian		Accident, suicide, or homicide? accident. Dete of injury. Oct 3	19.34
ý) ·	A 10.	- /	Where did injury occur? William (Specify city or town, county and State)	
ldge so	and the	Ld,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
R REMOVAL.	legs Co	du		Laa.
w Hillem	Dete Oct	7 ,1934	Manner of Injury Mutorustile gandent	
0	14	7, 13-2	Neture of injury Tracellined a Mille.	
ngs	stepe	uson	24. Wes disease or injury in any way related to occupation of deceased?	
Tocas	naple (uy me	If so, specify	

Registrar.

(Address) _

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

N. B.

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

item of infor-

of OCCUPA-

•	RECC	7. PE	Exact	
	RMANENT	XACTLI	classified.	
	IS A PE	stated E	properly	certificate.
1	HIS	he	pe	of
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECC	mation should be carefully supplied. AGE should be stated EXACTLY. PF	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

1. PLACE OF DEATH County Village or City Surther My 14 - (1-7)	Registration Dist. No
(a) Residence: No. Sarthy My Let , R70 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OP DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH 64 . 17 (Day) (Year)
HUSBAND OF Sula We Fruin	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related couses of Importance
8. Trade, profession, or perticular kind of work done, as SPINNER, Return Communing Morridan Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this part in this p	were as follows: Co-dty Remy Varculo dissare
year) occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
# 13. NAME July 1. Jence	
14. BIRTHPLACE (city or town)	Name of operation. Date of
15. MAIDEN NAME Mann N. Henry 66. BIRTHPLACE (city or town) (State or country) 67. INFORMANT (Address) (Address)	What test confirmed diagnosis?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Menner of Injury Nature of injury

(Signed)

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Registration Dist. No	. //	0
No		CA	Mond
death occurred in a hospital or institution,			umber)
ds. How long in U.S. if of fore	olgn birth?yrs	mo	sds.
V Stauley	, h.		
St., Ward.			
	If nonresident give city		State
MEDICAL CERT	TIFICATE OF	EATH	
21. DATE OF DEATH		,	
ĆM	onth) (De	6 v)	193 (Year)
		,,	(1001)
	ERTIFY, That		leceesed from
1076,193		.3.	, 19_2 %
I lest sew h Annalive on 10	240 D	, 19	; death is seid
to heve occurred on the dete steted abo The PRINCIPAL CAUSE OF DEATH an	10, 01		
were as follows:		rtance	Date of onset
Aleo Cholele	£		
Other Coutributory Causes of Importence	e:		
2			
Whet test confirmed diegnosis?			
13. If death wes due to externel causes (
Accident, suicide, or homicide?	Date of in	jury	, 19
Where did injury occur?	necify city of town con	inter and State	
Specify whether injury occurred in IND	USTRY, In HOME, or In	PUBLIC PLA	ĆE.
••	************		,
Manner of Injury			
Nature of Injury			
24. Was disease or injury In eny wey rel	ated to occupetion of de	eceased?	
if so, specify			
(Signed) Of Long	er Mye	ra.	M, D,
(Address) . I V	ruch	ma	

Registrar.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	OF MARYLAND—	CERTIFICATE OF DEATH	196
1. PLACE OF DEATH	+		
County Lower	elle	Registration Dist. No. 113	
Village or City	is Illand	No. St.,	War
Length of residence in city or hown where	death occurredyrs,,mos	f death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME	sut They	MAON	
(a) Residence: Np.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3 SEX A. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH CY (Month) (Day)	98 (Year)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of			
(or) WIFE of		22. Oct. / 1934 to Cot.	eesed fro
6. DATE OF BIRTH (month, day, end yeer)	et 1 1934	I last saw h un slive on Para Sead 19 d	eath is sa
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, atm,	
	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER.		about 1	ate of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Syphilis	ulan
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			~ ~ ~ ~ ~ ~ ~ ~ .
10. Date deceased last worked at this occupetion (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) Taylor (State or country)	is Island	Dther Contributory Causes of importance:	
	Bullett -	-	
	- Fuce		
(State or country)		Name of operation Date of What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME Frances	Q Mourheou	23. If death was dua to external causes (VIOLENCE) fill in also the following:	osyr
15. MAIOEN NAME FRANCES 16. BIRTHPLACE (city or town) Tay (State or country)	Mais Della	Accident, suicide, or homicide? Date of injury	19
E (State or country)	grid	Where did injury occur?	
17. INFORMANT No heat (Address)	rompson,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL J	Date Oct 2, 1937	Manner of injury	
19. UNDERTAKER Colet TH	omprous-	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED. QQ+ 2 1934	J. R. neeld	If so, specify (Signed) (Address) (Address)	M.
	- Registrar.	(Address) Cambledge Me	K

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc., "

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

See instructions on back of certificate.

1. PLACE OF DEATH				1	
County Dorchester			(168)	Registration Dist. Nox	TTEX
Village or City Fishing		(1:	ND. f death occurred in a horpital or insti	itution, give its NAME instead of str	St., Ward
Length of residence in city or town where	e death occurred	63_yrs4mos	How long in U.S. I	f of foreign birth?yrs	ds.
2. FULL NAME Sarah Re	becca Tr	ravers			
(a) Residence: No. Fishir			St., X Ward.	If nonresident give city or to	own and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH		
Female White	Widow		***************************************	(Month) Oct. (Day) 3	th., 1934
5a. If married, widowed, or divorced HUSBAND of					
(or) WIFE of Late Meekir	is Traver	rs.	22. I HEREB	Y CERTIFY, That I a	ttended deceased from
				1934 10 Su.	19.3.6
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	4/T/T877	If LESS than	U .	Ou.12	19_5_y; death is said
TO AGE TOURS	Days	I day,hrs.		ated above, at. 3 A n o ATH and related causes of importan	
63	I2	ormin.	were as follows:	arra and related causes of importan	Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	TT	***	Pot	2	
9. Industry or business in which	House		Tarant	neumonia	
work was done, as SILK MILL, SAW MILL, BANK, etc	Zowy	, Crome	Pin	20000	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation month and year) 11. Total time (years) spant in this occupation				Sur	
12. BIRTHPLACE (city or town) Dorche			Other Contributory Causea of im	portance:	
(State or country)	Md.				
13. NAME Thomas Trav	ers.				
4 14. BIRTHPLACE (city or town) Dor C	hester (30.	Neme of operation	D.	ete of
(Stete of country) M.Q.			What test confirmed diagnosis?_	Was th	here an eulopsy?
15. MAIDEN NAME Katheli	ne Lewis		23. If death was due to external c	auses (VIOLENCE) fill in also the f	following:
16. BIRTHPLACE (city or town) Dorchester Co.			Accident, suicide, or homicide?_	Date of hjury.	, 19
17. INFORMANT - Meekins - Travers - (Address) Fishing Creek, Md. 18. BURIAL, CREMATION, DR REMOVAL		Where did injury occur?	(C)		
		Specify whether injury occurred	(Specify city or town, county in INDUSTRY, in HOME, or In PUB	BLIC PLACE.	
		Manner of injury			
Place ishing Creek, Mit. 10/15/04.		Neture of Injury			
19. UNDERTAKERGranville-S-: (Address) Cambridge,	LeCompt	e		way related to occupation of decea	sed?_\S
20. FILED CL. 14 , 19 3x 10	comes. Y	heave	(Signed) ame	w. preace	M. D.
	COCA	Registrar.	(Addless)	20.	· has

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
90,000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Mo.

63

PHYSI-

PLACE OF DEATH

County Dorchester	GERTIFICATE OF DEATH
	Registration Dist. No. 112.
Village or City Vienna, (No	St: Ward) St: Ward) a hospital or institu- fion, give its NAME In- atead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, Married MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day) (Year)
August 12th., [Month] (Day)	August 14th., 1934, to October 8th., 134. that I last saw imalive on October 8th., 134
57 1 26 If LESS that I day hrs. ds. or min. (a) Trade, profession or particular kind of work. Cabinet-maker &	The CAUSE OF DEATH & was as follows:
(b) General nature of industry Woodworker. business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland.	Centributory Oedema & Uraemia.
John Twilley. 11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M.D. Oct., 10"1934 (Address) Vienna, Md., *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
Jennie LeCompte. 13 BIRTHPLACE OF MOTHER (State or country) Maryland. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs mos da. State, yrs mos da. Where was disease contracted, if not at place of death?
(Informant) Wilbur Kelly.	Former or usual residence
(Address) Vienna, Maryland. Filed Oct-// 1984 Elizabeth V. Craft Local Registrar	Vienna, Md. 20 UNDERTAKER Willoughby & Son., ADDRESS Ret, Md. E. N. Market, Md. 16 W. Seratoga St., Balto, Requesting V. S. No. 1

STATE OF MARYLAND

CERTIFICATE OF DEATH

6

(Approved by U. S. Census and American Public Health Association.)

capation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it m...ture of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the cascs, especially in industrial employments, it is neces-Civil engineer, Stationary stremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerstate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occ. pations of persons enwork, or At Home, and children, not gainfully emwhatever, write None. tared 6 yrs.). For persons who have no occupation usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Executive of Cause of Death—Name, first, the distance causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Con-Chronic interstitial nephritis, etc. The contributory ture of the injury, as fracture of skull, and consotrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Purperal septicaemia." "Purperal peritonitie," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJUST "Debility" ("Congenital," "Senile," etc.). (Recommendations on state-Example: Measles (disease The na-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. N .

STATE OF MARYLAND

SI-	PLACE OF DEATH	STATE OF MARYLAND
EX	County Descrete	CERTIFICATE OF DEATH
Y, Fied	25	Registration Diet, No.
SSIF	Village or City Coleston (No.	St.: Ward) (If death occurred in a hospital or institu-
EXA	2FULL NAME Groupe & M	Tealty tion, give its NAME in- stend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
se st se pr k of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH
ay bac	Wall White (Write the word)	(Moath) (Day) (Year)
hot t m	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
SE sons	(Month) (Day) (Year)	that I last saw homalive on alf 6, 1954,
A the	7 AGE [If LESS than	and that death occurred on the date stated above, at
ne sur	3 yrs	The CAUSE OF DEATH * was as follows:
supp in terr See In	(a) Trade, profession or particular kind of work	
ully pia nt.	(b) General nature of industry business, or establishment in	(Duration) 4 yrs. 1705 ds.
caref rH in porta	which employed or (employer)	Contributory
9 A E	9 BIRTHPLACE (State or country)	Secondary (Duration) A
DE DE	10 NAME OF FATHER	(Signed) J. Tuphaa M. D.
houl OF 8 ve	11 BIRTHPLACE	Oct 8 1984 (Address) Sharfoling mit
AUSE 10N	OF FATHER (State or country) 12 MAIDEN NAME,	*State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
e C	OF MOTHER WY Weather	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the State,yrsmosds.
to o	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
E 8 1	and har Propile Who alley	Former or usual residence
ANS atem	(Address) Deltill Dast	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 -9, 1934
3Eve	Filed Oct 8 19234 JAKarten 45	20 UNDERTAKER ADDRESS ADDRESS Seal AND
三十	//	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

BINDING

FOR

H UNFADING INK-THIS MARGIN RESERVED

WRITE PLAINLY,

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only not paid Housekeepers who receive a laborer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY (secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the disease;

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of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	

1. PLACE OF DEA				CERTIFICATE OF DEATH
County Dorch	ester			Registration Dist. No. II6
Village or CityJ	ames.,.l	Id.		No. X St., Ward
Length of residence in ci	ty or town where	death occurred _ 5		f deally occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME	homas(die Whe	atley.	
(a) Residence: No				St., X Ward. If nonresident give city or town and State
PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male W	n or race	S. SINGLE, MAR OR DIVORCE Widw	RIED, WIDOWED, D (write the word) ed.	21. DATE OF DEATH October 7th, (Day) (Year)
If married, widowed, or diversity of the HUSBAND of Cor) WIFE of Lat		ie May F	rampton.	E I HEREET CERTIFY. That I attended decease to
DATE OF BIRTH (month, de	y, end year)	10/23/38	82.	I last saw h alive of 19 ; death is sai
AGE Years	Months	Days	If LESS than	to have occurred on the date dated love, and a time of a a m
5I	II	I4	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related assessor improvement of the Principal Control of the Pr
kind of work done, SAWYER, BOOKKEE Thdustry or business ir work was done, as SAW MILL, BANK, 10. Date decessed last work this occupation (moyear) BIRTHPLACE (city or town) (State or country)	which SILK MILL, etc	11. Total t spe	ime (yeers) nt in this 3 I upation 3 I	Other Contributory Causes of importance:
13. NAME Nathar	iel Wh	eatlev		O
13. NAME Nathar 14. BIRTHPLACE (city or to (State or country)			Co	Name of operation Date of B 2 Was there an autoposition
15. MAIDEN NAME	[argare	t Marsha	11	23. If death was due to external pauses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Marshall 16. BIRTHPLACE (city or town) Dorchester Co (State or country) Md				Accident, suicide, or hybricide? Date of injury O Mgl. Where did injury occur?
7. INFORMANT Earl (Address)	lamhrid	ey. ge, Md.		Specify whether figury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR R		DateO	eto Oth,3	Manner of injury Nature of injury Nature of injury
9. UNDERTAKER Gran (Address) Gran	rville Cambrid 193407	S. Lecon	Amel. Registrar.	24. Was disease or injuryin any way related to occupetion of deceased? If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

County	F DEATH			210-M2		
	city Vienna			Registration Dist. No. / / 0		
			(1	NO. St., St., I death occurred in a hospital or institution, give its NAME instead of street and numb	Ward	
Length of resi	idence in city or town where	deeth occurred	yrs,mo	sds. How long in U. S. if of foreign birth?yrsmos	ds	
2. FULL NA	ME W. Cookma	n Wheatl	еу			
(a) Residen	ice: No			St., Ward.		
PERSON	IAL AND STATIST	(Usua) place o	of abode)	If nonresident give city or town and State		
3. SEX 26 3	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OF BACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH		
5a. If married, widow	and or diversed	Singl	6	Oct 3 1934193 (Month) (Day)	(Year)	
HUSBAND of (or) WIFE of	rea, or arronced			22. I HEREBY CERTIFY, That IMMM decee		
(17)				October 3" 19 34 to October \$"	sed 34	
	(month, day, end year) S	ent In	_ T874	masammmmmmmmm Dead, 19; dee	th is said	
7. AGE Yea 60	rs Months	Days 23	If LESS than	to have occurred on the date steted above, at 3 Pem	13 4010	
		20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Trade, profes	ssion, or perticular vork done, es SPINNER,			Killed in automobile accident. Dat	e of onset	
SAWYER,	BOOKKEEPER, etcbusiness in which			Broken neck, crushed thigh, In-		
work was	done, as SILK MILL, L, BANK, etc.	ocal Sal	esman	ternal hemmorrhage, shock.		
ID Dete decease	ed last worked at	II. Totel tin	ne (years)			
year)	pation (month end		in this			
12. BIRTHPLACE (city	v or town)			Signature of mGozoner:		
(State or coun			**************	E.D. Lord		
I3. NAME	illiam M.Wh			1		
I3. NAME W:	(city or town)	a		Name of operation.		
(State of	country)	<u> </u>		What test confirmed diagnosis? Was there an autopsy		
15. MAIDEN NAM	Nancy C.	Williams	SHE SHOOT	23. If death was due to external causes (VIOLENCE) fill in also the following:	7	
- 1	(city or town) Md			Accident, suicide, or homicide? ACCI dent Date of injury Oct .	3/34	
E (State or	country)			Where did Injury occur? Vianna 148	74	
17. INFORMANT _ MI	rs. Ella Jo	nes		(Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
(Address)	Sharptown	Md.		Public Place . (On state road.)		
8. BURIAL, CREMATI	eatley Buri	al Groun	d	Manner of injury See above.		
			5 <u>1934</u>	Neture of injury See above.		
	W.D.Graveno	r & Bro,		24. Was disease or injury in any way related to occupation of deceased?	•	
(Address)	Sharptown	Md.	1	If so, specify		
20, FILED DOF	J , 19 3 44 V	or do us	leugo	(Signed) Letterard (M. D.	
	//		Registrar.	(Address) Vienna, Md. August		

Hapilean

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF	MARYL	AND-C	ERTIFIC	CATE	OF	DEATH
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	U	2	U	6

1. PLACE OF DEATH	120
County_Dorchester	Registration Dist. No. IIA
Village or City Salem, Md.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. Xds. How long in U.S. It of toreign birth? X yrs. X mos. X ds.
2. FULL NAME Ada A. Willey. (a) Residence: No. Salem, Md (Usual place of abode)	St., X Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, White Word) Female White Married. 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married.	21. DATE OF DEATH Quantity Quantit
HUSBAND of (or) WIFE of George Henry Willey 6. DATE OF BIRTH (month, day, and year) 7877	22. I HEREBY CERTIFY. That I attended deceased trom 10 10 1 19 3 4 I last saw h alive on 10 1 1 1 2 4; death is said
7. AGE Years Months Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, at T
8. Trade, protession, or particular kind of twork done, as SPINNER, SAWYER, BOOKKEPER, etc	Calankal Alyunling Other Contributory Causes of importance:
13. NAME Ransome Bramble 14. BIRTHPLACE (city or town) Dorchester County Maryland.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Matthews. 16. BIRTHPLACE (city or town)DerchesterCounty (State or country) Maryland.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT George M. Willey (Address) 18. BURIAL, CREMATION, ON REMOVALE, Maryland. PlaCambridge, Md. Date October 79. 3	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER Granville S. Le Compte (Address) Cambridge Md. 20. FILED A. 19 7 Lelle Mark	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	RI	ion	S	Z
	M	lat	V	OI.
		2mil	()	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10203
1. PLACE OF DEATH	(93-10)
County Declarate	Registration Dist. No. 119
Village or City See 2	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) do ds. How long in U.S. if of foreign birth?
P. 27. 31	os. now long in o. s. ii of foreign pirth?yrsmosos.
2. FULL NAME Leade & Sie She	le p
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jessel 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) J(Day) (Year)
(or) WIFE of Late John St. Heley	22. I HEREBY CERTIFY, That I attended deceased from
8/15/19/	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
74 2 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Delstebon 17 heart
9. Industry or business in which work was done, as SILK MILL.	Primary Cause: Chronic amodorditis
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Diretion: not stated out
this occupation (month and "/-/ " spent in this year) occupation.	
13.1.41	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
B 1 . 6/ 1	No. 1. C. Acres
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Em Mait morriel	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME En Mai more le 16. BIRTHPLACE (city or town) July Lope Head	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Barthon Baylein	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	, and a second s
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place 1944	Nature of injury
19. UNDERTAKER 98. Le Compte	24. Was disease or injury in any way related to occupation of deceased?
(Address) Casalana my	If so, specify
20. FILED Oct, 27, 1934 W. D. Britchett	(Signed) M. D.
Registrar.	(Address) Dept Tung
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BI	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PE	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINI	mation should be	CAUSE OF DEAT	TION is very imp

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	
DEATH					

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1294
1. PLACE C	F DEATH			23	
County	Dorchester	2		Registration Dist. No	116
Village or	City Mr. Cambrid	ge		No. Eastern Shore S tate Hospidal	Ward
Length of re	sidence in city or town where	doeth assured	(If	death occurred in a horpital or institution, give its NAME instead of street and	number)
				now long in 0.5.11 of foreign pitth?yrs	nos
2. FULL NA			th Willis	(Jalla)	
(a) Keside	nce: No. Cardova	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE Whi to	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 29,	193 4
5a. If married, wido	wed, or divorced Frank	Willie		(Month) (Day)	(Year)
(or) WIFE of	T & WILL (144440		22. I HEREBY CERTIFY, Thet I attended	
		7 30	20	Jan. 10, 19 31-10 Oct. 29, 1	9.3419
	(month, day, and y@cto)	Days	If LESS than	to heve occurred on the date steted above, at 8:10 Re.M.	; death is said
	2	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trede, prof	ession, or particular		ormin.	were as follows:	Oate of onset
kind of SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc	Housework		Pulmonary Tuberculosis	6 mos.
NOOLE AND	business in which as done, as SILK MILL, ON	m Home			8.80
10. Date decea	and last worked at		ime (years)		
this occ year) _	upation (month and	sper occu	ime (years) nt in this 116 pation 116		
12. BIRTHPLACE (d	ity or town) Cardo			Other Contributory Causes of importance:	
(State or cou		Md.	***************		
13. NAME	John Gar	rrett			
13. NAME 14. BIRTHPLAC	E (city or town)U	nkno wn		Neme of operation Oate of	
1 (State o	r country)		any	What test confirmed diagnosis? Was there an	
15. MAIOEN N.	AME Agnes De			23. If death was due to external causes (VIOLENCE) fill In elso the followin	
6 16. BIRTHPLAC	E (city or town)	Unkno	W.D.	Accident, suicide, or homicide? Oate of Injury	-
∑ (State o	r country)		Md.	Where did injury occur?	
17. INFORMANT (Address)	E.S.S.Hosp Cambrid		rds	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PI	ACE.
(1)	TION, OR REMOVAL	Home D. I	771	Manner of injury	
Comme	his Myra Muli !	Date Date	Q./, 19.U.X	Nature of injury	
19. UNOERTAKER	Trank C. U	Mangh	· <i>f</i>	24. Was disease or injury In any way related to occupation of deceased?	No
(Address)	Carns	map or	1.	If so, specify	1850
20. FILEO. Q. C.t	· 3 1, 193 4 W	Thelen	Registrar.	(Signed) (Advess Cambridge, Md.	OUM. D.
			Acgistrar.	(Address) Campridge, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Steet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 22	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
county Doches Lee	Registration Dist. No. 110
Village or City hear Hurlock	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredy(smas	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME // William 6 10 mg	y W
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Make White Markee 4	21. DATE OF DEATH, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Wing a	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Turne 6 1868	I last saw hater alive on Oct 29 , 1934; death is said
7. AGE Years Mooths Days If LESS than 1 day,	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chronic Pericandity
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11, Total time (years)	
SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME ATTUL Very Land 14. BIRTHPLOCE (city or town) (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis?
15. MAIDEN NAME OF VELLE AYSIL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
▼ (State or country)	Where did injury occur?
17. INFORMANT Letre Wright (Address) Here of the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Washed Nov 1, 1934	Manner of injury
19. UNDERTAKER J. B. Willoughly (Address) Hill Calk	24. Was disease or Industry in an was related to occupation of deceased?
20. FILED 10-31 , 1934 Chas. W. Hackings	(Signed) Aurent Time. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

a 1. O .. >

N. B.

V. S. No. 1

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	And the same	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	RD. Every	YSICIANS	statement
•	RECOI	7. РН	Exact
ARGIN RESERVED FOR BINDING	RMANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
FUK B	IS A PE	stated E	properly
EKVED	VK-THIS	should be	it may be
N KEN	JING IN	AGE	so that
AKGI	UNFAL	supplied.	terms,
	WITH	efully s	in plain
	PLAINLY,	ould be car	F DEATH
1 7007 .	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation sh	CAUSE

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10206
1. PLACE OF DEATH	22
County Horokester	Registration Dist. No. ///
Village or City Cast new Warket	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds,
	now long in 0.5.11 of lotergi bittifyrsmosos.
2. FULL NAME / GUALL A for	
(a) Residence: No. (Usual place of abode)	St./ Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male boloued Market (write the word)	(Month) (Day) (Tear)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22A , HEREBY FERTY, Hat I ettended decoused from
(01) WILL our 9	Old sat alling rating, from Hellow
6. DATE OF BIRTH (month, day, end year)	That saw a paling seefel went, to '; death is said
7. AGE Years Months Deys If LESS than	to have occurred the date stated above, at //- a:m.
44 45 11 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or particular	Was Chrons & Brands Detector
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Noscilly, 1.le,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	//
O 10. Date deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) - Maryland	Other Contributory Causes of importance:
(State or country)	
13. NAME Charles / Devens	
14. BIRTHPLACE (city or town)	Name of operation Punc Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Maria young	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Waria Moving 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Cast new Market	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Salems Oate Det 161954	
1 Willand Ila	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Addiess) Coat True May 6.	If so, specify
A = 11 31 71 5 D	(Signed) A A A A A A A A A A A A A A A A A A A
20. FILEO. C. L. (6., 19. 3.4. H. E. C. C. Registrar.	(Address) Islanda Mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: